

Attorney's Docket No. 3215B/R-01

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☐ original ☐ design ☐ supplemental
☐ divisional ☐ continuation ☒ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Continuous Process for Making an Aqueous Hydrocarbon Fuel Emulsion

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ as Serial No. _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360
Michael F. Esposito, 29,506
Samuel B. Laferty, 31,537

Jeffrey F. Munson, 45,705
David M. Shold, 31,664

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
 Patent Administrator - Mail Drop 022B
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 Wickliffe, Ohio 44092-2298

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(Name and telephone number)
 Teresan W. Gilbert
 (440) 347-5072
 E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor David L. Westfall

| | | |
|--------------|--------------------------|-----------------------|
| <u>David</u> | <u>L.</u> | <u>Westfall</u> |
| (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | FAMILY (OR LAST NAME) |

Inventor's signature Date 11/20/2003 Country of Citizenship United States of AmericaResidence 2217 Morrison Avenue, Lakewood, Ohio 44107 USAPost Office Address Lakewood, Ohio 44107Full name of second joint inventor, if any John J. Mullay

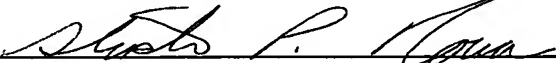
| | | |
|--------------|--------------------------|-----------------------|
| <u>John</u> | <u>J.</u> | <u>Mullay</u> |
| (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | FAMILY (OR LAST NAME) |

Inventor's signature Date 11/21/03 Country of Citizenship United States of AmericaResidence 9251 Lori Jean Drive, Mentor, Ohio 44060 USAPost Office Address Mentor, Ohio 44060☐ This declaration ends with this page

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Full name of third joint inventor, if any Stephen P. Rowan

Stephen P. Rowan
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature 

Date Nov 18, 2003 Country of Citizenship United States of America

Residence 6990 Kathleen Drive, Mentor, Ohio 44060 USA

Post Office Address Mentor, Ohio

Full name of fourth joint inventor, if any _____

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☒ This declaration ends with this page